

Choking Relief for Adults, Children, and Infants

This section discusses how to recognize choking (foreign-body airway obstruction) and then perform maneuvers to relieve the obstruction. Choking relief maneuvers are the same for adults and children (1 year of age and older). You will learn a different technique to relieve choking for infants (younger than 1 year of age).

Learning Objectives

In this Part, you will learn

- The technique for relief of foreign-body airway obstruction for an adult or child
- The technique for relief of foreign-body airway obstruction for an infant

Signs of Choking

Early recognition of foreign-body airway obstruction is the key to successful outcome. It is important to distinguish this emergency from fainting, stroke, heart attack, seizure, drug overdose, or other conditions that may cause sudden respiratory distress but require different treatment.

Foreign bodies may cause a range of signs from *mild* to *severe* airway obstruction (Table 4).

Table 4. Signs of Foreign-Body Airway Obstruction and Rescuer Actions

Type of obstruction	Signs	Rescuer actions
Mild airway obstruction	<ul style="list-style-type: none"> • Good air exchange • Can cough forcefully • May wheeze between coughs 	<ul style="list-style-type: none"> • As long as good air exchange continues, encourage the victim to continue coughing. • Do not interfere with the victim's own attempts to relieve the obstruction. Stay with the victim and monitor the condition. • If mild airway obstruction continues or progresses to signs of severe airway obstruction, activate the emergency response system.
Severe airway obstruction	<ul style="list-style-type: none"> • Clutching the throat with the thumb and fingers, making the universal choking sign (Figure 40) • Unable to speak or cry • Poor or no air exchange • Weak, ineffective cough or no cough at all • High-pitched noise while inhaling or no noise at all • Increased respiratory difficulty • Possible cyanosis (blue lips or skin) 	<ul style="list-style-type: none"> • If the victim is an adult or child, ask "Are you choking?" If the victim nods "yes" and cannot talk, severe airway obstruction is present. • Take steps immediately to relieve the obstruction. • If severe airway obstruction continues and the victim becomes unresponsive, start CPR. • If you are not alone, send someone to activate the emergency response system. If you are alone and must leave to activate the emergency response system, provide about 2 minutes of CPR before leaving.

Figure 40. The universal choking sign indicates the need for help when a victim is choking.

Choking Relief in a Responsive Adult or Child

Abdominal Thrusts

Use abdominal thrusts to relieve choking in a responsive adult or child. Do not use abdominal thrusts to relieve choking in an infant.

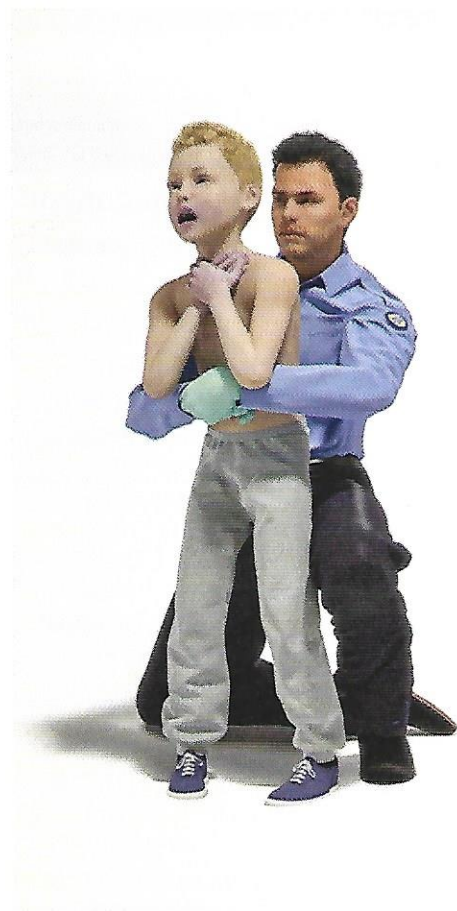
Give each individual thrust with the intention of relieving the obstruction. It may be necessary to repeat the thrust several times to clear the airway.

Abdominal Thrusts With the Victim Standing or Sitting

Follow these steps to perform abdominal thrusts on a responsive adult or child who is standing or sitting:

1. Stand or kneel behind the victim and wrap your arms around the victim's waist (Figure 41). Make a fist with one hand.
2. Place the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone.
3. Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick, forceful upward thrust.
4. Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive.
5. Give each new thrust with a separate, distinct movement to relieve the obstruction.

Figure 41. Abdominal thrusts with the victim standing.



Choking Relief in Pregnant and Obese Victims

If the victim is pregnant or obese, perform chest thrusts instead of abdominal thrusts (Figure 42).

Figure 42. Perform chest thrusts instead of abdominal thrusts in a pregnant or obese choking victim.



Choking Relief in an Unresponsive Adult or Child

A choking victim's condition may worsen, and the victim may become unresponsive. If you are aware that a foreign-body airway obstruction is causing the victim's condition, you will know to look for a foreign body in the throat.

To relieve choking in an unresponsive adult or child, follow these steps:

1. Shout for help. If someone else is available, send that person to activate the emergency response system.
2. Gently lower the victim to the ground if you see that they are becoming unresponsive.
3. Begin CPR, starting with chest compressions. Do not check for a pulse. Each time you open the airway to give breaths, open the victim's mouth wide. Look for the object.
 - a. If you see an object that looks easy to remove, remove it with your fingers.
 - b. If you do not see an object, continue CPR.
4. After about 5 cycles or 2 minutes of CPR, activate the emergency response system if someone has not already done so.

If a choking victim is already unresponsive when you arrive, you probably will not know if a foreign-body airway obstruction exists. In this situation, you should activate the emergency response system and start high-quality CPR.

Giving Effective Breaths When There Is an Airway Obstruction

When a choking victim loses consciousness, the muscles in the throat may relax. This could convert a complete/severe airway obstruction to a partial obstruction. In addition, chest compressions may create at least as much force as abdominal thrusts, so they may help expel the object. Giving 30 compressions and then removing any object that's visible in the mouth may allow you to eventually give effective breaths.

Actions After Choking Relief

You will know you successfully removed an airway obstruction in an unresponsive victim if you saw and removed a foreign body from the victim's mouth and the victim starts to breathe. However, you don't always have to remove the foreign body to successfully relieve the obstruction. If you can feel air movement and see the chest rise when you give breaths, the airway is no longer obstructed.

After you relieve choking in an unresponsive victim, proceed as you would with any unresponsive victim. Check again for responsiveness, check for breathing and a pulse, confirm that someone has activated the emergency response system, and provide high-quality CPR or rescue breathing as needed.

Encourage a *responsive* victim to seek immediate medical attention. A healthcare professional should evaluate the victim for potential complications from abdominal thrusts.

Choking Relief in Infants

Responsive Infant

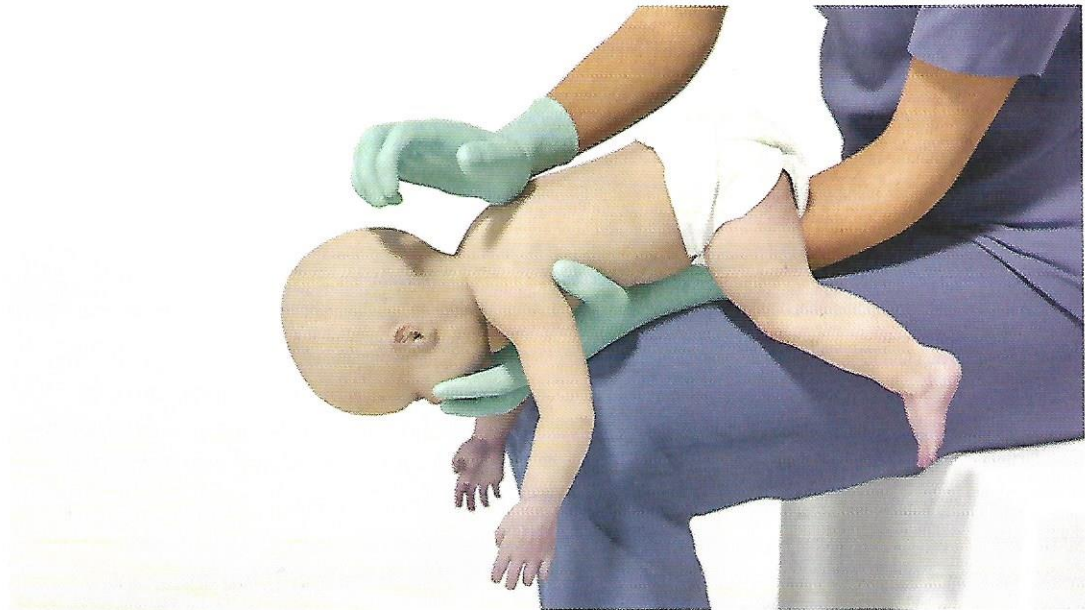
Use back slaps and chest thrusts for choking relief in an infant. Do not use abdominal thrusts.

To relieve choking in a responsive infant, follow these steps:

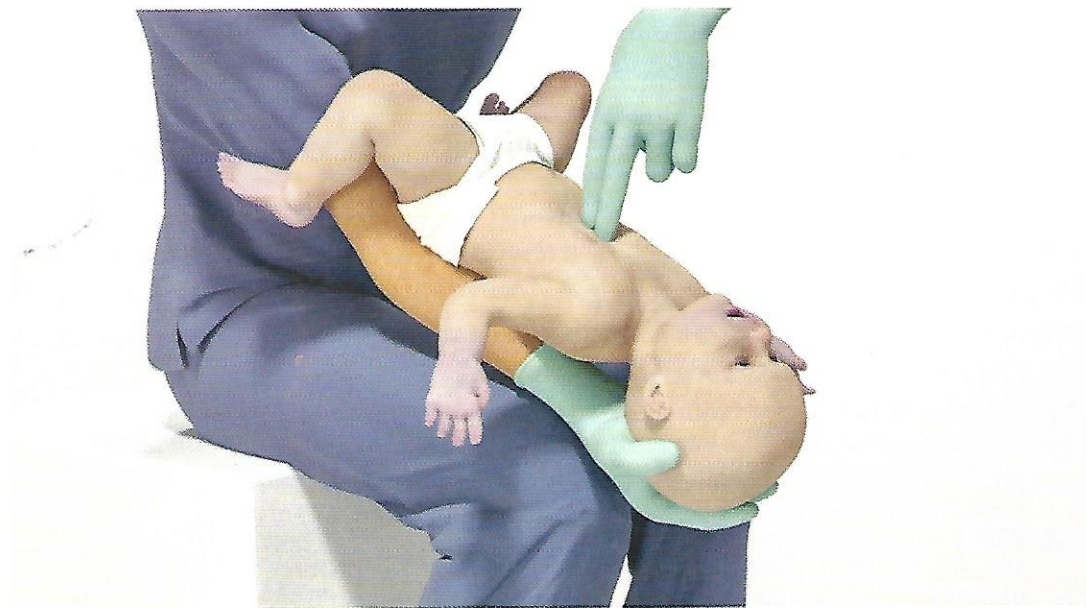
1. Kneel or sit with the infant in your lap.
2. Hold the infant facedown with the head slightly lower than the chest, resting on your forearm. Support the infant's head and jaw with your hand. Take care to avoid compressing the soft tissues of the infant's throat. Rest your forearm on your lap or thigh to support the infant.
3. With the heel of your hand, deliver up to 5 forceful back slaps between the infant's shoulder blades (Figure 43A). Deliver each slap with enough force to attempt to dislodge the foreign body.
4. After delivering up to 5 back slaps, place your free hand on the infant's back, supporting the back of the infant's head with the palm of your hand. The infant will be adequately cradled between your 2 forearms, with the palm of one hand supporting the face and jaw while the palm of the other hand supports the back of the infant's head.
5. Turn the infant over while carefully supporting the head and neck. Hold the infant faceup, with your forearm resting on your thigh. Keep the infant's head lower than the trunk.
6. Provide up to 5 quick downward chest thrusts (Figure 43B) in the middle of the chest, over the lower half of the breastbone (the same location as for chest compressions during CPR). Deliver chest thrusts at a rate of about 1 per second, each with the intention of creating enough force to dislodge the foreign body.
7. Repeat the sequence of up to 5 back slaps and up to 5 chest thrusts until your actions have removed the object or the infant becomes unresponsive.

Figure 43. Relief of choking in an infant. **A,** Back slaps. **B,** Chest thrusts.

A



B



Unresponsive Infant

If the infant victim becomes unresponsive, stop giving back slaps and start CPR, starting with chest compressions.

To relieve choking in an unresponsive infant, follow these steps:

1. Shout for help. If someone responds, send that person to activate the emergency response system. Place the infant on a firm, flat surface.
2. Begin CPR (starting with compressions) with 1 extra step: Each time you open the airway, look for the object in the back of the throat. If you see an object and can easily remove it, remove it. Note that you do not check for a pulse before beginning CPR.
3. After about 2 minutes of CPR, activate the emergency response system (if no one has done so).



Critical Concepts:
No Blind Finger Sweeps

Do not perform a blind finger sweep because it may push the foreign body back into the airway, causing further obstruction or injury.

Review Questions

1. Which is an example of a mild foreign-body airway obstruction?
 - a. Cyanosis (blue lips or skin)
 - b. High-pitched noise while inhaling
 - c. Inability to speak or cry
 - d. Wheezing between coughs
2. Which victim of a severe airway obstruction should receive abdominal thrusts?
 - a. An average-size 27-year-old man
 - b. A woman who is obviously pregnant
 - c. An obese 50-year-old man
 - d. An average-size 9-month-old infant
3. You are performing abdominal thrusts on a 9-year-old child when she suddenly becomes unresponsive. After you shout for nearby help, what is the most appropriate action to take next?
 - a. Begin high-quality CPR, starting with chest compressions.
 - b. Check for a pulse.
 - c. Continue performing abdominal thrusts.
 - d. Provide 5 back slaps followed by 5 chest thrusts.

See Answers to Review Questions in the Appendix.